

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007059

1. Entity Name

BLUE KNIGHTS LAW ENFORCEMENT MOTORCYCLE CLUB, FL

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90195 005 ****61.25

Principal Place of Business

Mailing Address

P O BOX 508
 VENICE FL 34284-0508

P O BOX 508
 VENICE FL 34284-0508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3388716

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURCH, RUSSELL E
 351 ALLAMANDA CIRCLE
 VENICE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
 NAME GIAMPINO, RAY
 STREET ADDRESS 5064 SOUTHERN PINE CIR.
 CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME BURCH, RUSSELL E.
 STREET ADDRESS 351 ALLAMANDA CIR
 CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPT ☐ Delete
 NAME BLANCHARD, PAUL F.
 STREET ADDRESS 23255 BURLINGAME AVE
 CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MORSE, WILLIAM
 STREET ADDRESS 352 PINE TREE RD
 CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME HINER, WEHMAN
 STREET ADDRESS 104 ROMA RD
 CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL F BLANCHARD

04-21-00 941 625 9597

Date

Daytime Phone #

CR2E037 (9/99)